

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/4686-839
FILING DATE

APPLICANT(S)

9-15-04 10-26-04

CLAIMS

NO.	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DER.	IND.	DER.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23	1	1	1	
24	1	1	1	
25	1	1	1	
26	1	1	1	
27	1	1	1	
28	1	1	1	
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.	2	0	2	0
TOTAL DER.	9	0	7	0
TOTAL CLAMS	11	0	11	0

NO.	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DER.	IND.	DER.
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.		0	0	0
TOTAL DER.		0	0	0
TOTAL CLAMS		0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS